

How to Get STANDERS Funded

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AS SUPPLIERS, WE UNDERSTAND THE BENEFITS of standing frames. We're comfortable with the latest standing technology. The question is how do you get standers consistently funded for your customers? I've been asked this question many times and the answer tends to be the same every time...every step is important.

First and foremost, you, as a supplier need to know what proper standing frame documentation looks like. You should review the justification letters carefully before submitting them to the payer. If you don't feel the documentation is complete, ask the clinician for more information. It is better to take this step in the beginning to avoid waiting 30 to 60 days, and then be forced to resubmit the letter again because it has been pending or denied. Think of yourself as the gatekeeper of documentation and don't let it go to the payer source unless all the key areas are detailed.

The process of getting a standing frame requires a team. The team consists of the consumer or caregiver, clinicians (OT, PT, physician), and supplier. The consumer is the leader of the process and must always start the process by getting physician/clinician approval as evidence the device is needed for patient safety.

When a home standing program is determined to be appropriate for the consumer, the team should gather and evaluate the types of standers that may fit the consumer's medical and functional needs. It is the clinician's responsibility to thoroughly document the evaluation and any trial process that may occur. Some therapists tell us that keeping a stander log during the trial helps with getting approval from funding sources. We have several templates available on our website.

Two key elements frequently omitted from stander documentation are standers considered and standers trialed. The documentation should include standing devices that were considered (not necessarily trialed) and why they were rejected. This can be approached like a ladder, starting with the least costly as well as devices that cost more than the item requested. Often suppliers and clinicians will rule out certain products "in their heads," but not document their reasoning on paper. The documentation should tell the payer, "We considered these [enter product/options], but ruled them out prior to the trial because they did not meet the client's [enter specific needs]." In addition to standers that were considered, the payer wants to see what stander(s) were trialed and the outcomes of the trial. The documentation should also explain the evaluation process and how the team came to their conclusions. This documentation can be used as a matrix for the least costly alternative justification.

When writing a letter regarding the medical necessity for a standing frame the chances for success are greater if it is clear, concise and client specific. If it is confusing to the funding source, it can give them reason to deny the need. Sometimes it may be necessary to dialogue with the payer source so they better understand the equipment prescribed. Here are some important key documentation elements that are often overlooked or not clearly specific to the client:

- Client's height and weight
- Reason for the stander evaluation
- Functional need for the stander
- Positioning accessories and options recommended and why
- Home standing program protocol

With some state payers, appealing two or three times is common and simply a part of the approval process. The consumer must be the leader in the appeals process and should understand a denial is not the end. Before an appeal, the supplier should carefully review the denial to see what documentation needs to be re-addressed. That information should then be communicated to the consumer and clinician in charge of the appeal. Next the consumer should immediately contact his/her local PAAT (Protection Advocacy for Assistive Technology) office to avoid any statute of limitations problems regarding appeal. The clinician should take another careful look at the documentation and then ask himself/herself critical questions. Did we address all the information the payer indicated was reason for denial? Were the standers considered and trialed documented in detail? Is the letter written in a manner that clearly explains the consumer's specific medical needs and functional outcomes? It may also help to include carefully reviewed photos or videos to convey the need to the payer. As a funding specialist my job includes reviewing letters of medical necessity and make suggestions as to how they might be improved. I am happy to help clinicians and review their documents.

Even when you follow all the above steps, access is sometimes denied due to funding caps or a low allowable. Below is a suggested three-step process you might follow if payer source funding is unattainable.

- 1) Gather your supplier group and dialogue with the payer source.
- 2) Talk to your PAAT attorneys for technical advice.
- 3) Encourage the consumer to immediately start the appeal by accessing the local PAAT office. The consumer needs to express this denial is not acceptable and why.

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If you are not part of a local supplier group, we encourage you to get involved or start one. It is important that Complex Rehab Suppliers work together and dialogue with Medicaid to ensure appropriate stander access to their clients is available. Complex Rehab Suppliers in Texas started TXRPC (The Texas Rehab Providers' Council) that strives to provide various forums where ideas can be exchanged and productive discussions take place regarding the challenges, opportunities, and innovations of Rehab Technology. TXRPC has had success educating their public funding sources on the subject of appropriate access to standers and other Complex Rehab devices.

PAAT attorneys and other advocates are a free resource available to assist people with disabilities and their families as they seek funding for standing frames or Assistive Technology. Your local PAAT attorneys may also be able to help your customers inform the payer their denial is not acceptable! Attorneys and advocates can be encouraging information resources that can instill the consumer's confidence and the right to an appeal. They can provide professional options and reasons why it is important to fight for the technology needed. Usually the consumer or legal guardian is the leader of the appeal process. However, if a consumer is overwhelmed the clinician or supplier can act as a bridge and contact the PAAT on their behalf.

Suppliers and clinicians may also utilize their local PAAT office for consultation. Talk to the attorneys/advocates at your PAAT office and ask for technical advice regarding your state's Medicaid Laws.

Cost capping could be deemed inappropriate depending on your State Medicaid's laws. To access PAAT office contact information, visit <http://www.nls.org/paatstat.pdf>.

As Complex Rehab Providers we don't always realize the need for us to be documentation gatekeepers and consumer educators. It is a critically important part of our role as Complex Rehab advocates. Together, we must continue to ensure that standing frame documentation is the best it can be before it is released to the payer. We must educate our consumers on the appeals process and consumer resources. We must help consumers get the support and tools necessary to fight for the appropriate equipment and not settle for less. It's important they get what meets medically and functionally needs. Remember, every step counts.

For more valuable resources on preparing documentation and the appeals process for standing frames and other assistive technology, we recommend you visit <http://www.nls.org/at/atwinter05.htm> and <http://www.easystand.com/funding>.

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